

MUNICIPAL LICENSE APPLICANT CRIMINAL HISTORY RELEASE

I hereby give permission to Thomas P. Connolly Jr., Chief of Police for the City of Sanford, Maine, or his designee, to perform a criminal history record check on myself as part of my application for a _____ with the City of Sanford.

I further understand that I must pay a non-refundable fee (Currently \$21.00) for this record check to be done.

NAME: _____

ADDRESS: _____
(STREET #/NAME) TOWN/CITY & STATE (ZIP)

(MAILING ADDRESS IF DIFFERENT)

PREVIOUS ADDRESS (if less than 5 years at above location): Use back if more space is needed.

ADDRESS: _____
(STREET #/NAME) TOWN/CITY & STATE
(ZIP)

DATE OF BIRTH: _____

SOCIAL SECURITY #: _____

DRIVERS LICENSE STATE-LIC #-EXP. DATE: _____

DAYTIME PHONE: (____) _____ EVENING PHONE: (____) _____

My signature below attests that all of the above statements are true fact.

Signature of Applicant

THIS FORM MUST BE NOTARIZED

State of _____ County of _____

Personally appeared before me _____

this _____ day of _____ 20 ____ who made oath to the truth of the foregoing statements.

Signature of Notary

Commission Date: _____